MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		3						58						
9		3						59						
10	1							60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		2						66						
17		2						67						
18		2						68						
19		2						69						
20		2						70						
21	1	2						71						
22	1							72						
23	1							73						
24	1							74						
25	1							75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		3						82						
33		3						83						
34		3						84						
35		3						85						
36	1							86						
37	1							87						
38	1							88						
39	1							89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44		1						94						
45		3						95						
46		3						96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	10							TOTAL IND.						
TOTAL DEP.	58							TOTAL DEP.						
TOTAL CLAIMS	68							TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS